

# SOCIAL INTERACTION, LONELINESS AND QUALITY OF LIFE IN HEALTHCARE AND OLDER ADULTS' CARE

## WHAT IS THE ISSUE?

Social interaction and loneliness impact the quality of life of patients, older adults, families, carers and workers



This includes their ability to progress and the performance of organisations across the public, private and not-for-profit sectors. However, the literature and discourse on healthcare and older adults' care points increasingly to:

- a care deficit, both in funding and in human terms, with insufficient carers available to provide the right type and level of care to those who need it

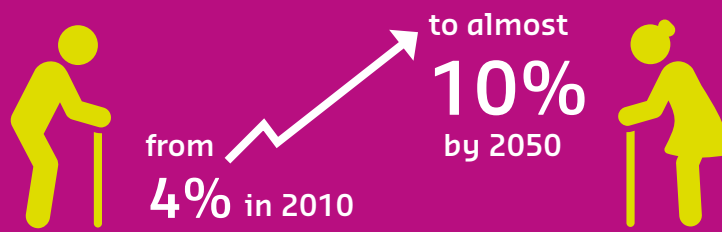


- the healthcare sector faces funding challenges across the world at a time when many populations are ageing rapidly and the dependency ratio is falling



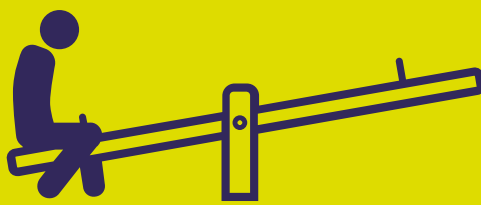
## KEY FIGURE

Across the OECD, the proportion of the population aged 80+ is predicted to increase

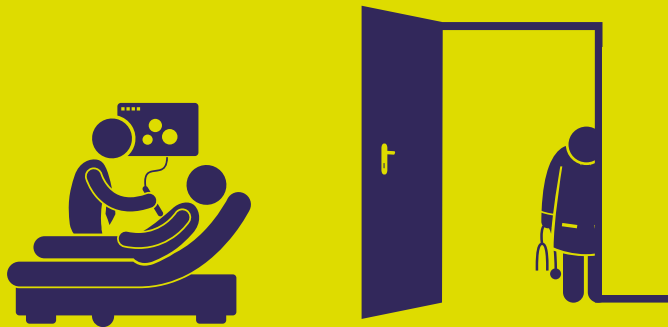


## WHAT DID WE LEARN?

From the perspective of the patient or older adult, loneliness may be experienced in parallel with a number of related emotions such as aggression, stress or feelings of loss of autonomy



In carers, the emotions that are most likely to help mitigate loneliness in others are compassion and empathy, though carers also have needs that must be managed both for their own progress and the performance of their organisation



Owing to unprecedented demographic shifts, the profile of carers is changing significantly. Taking care with technology opens up a range of possibilities to enhance care communities with social networks and the unprecedented availability of data. However, these possibilities are balanced by the need for social interaction to involve contact between people



Find out more by reading the full report: 'Social interaction, loneliness and Quality of Life in healthcare and older adults' care'